

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/08/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157589		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 03/07/2013	
NAME OF PROVIDER OR SUPPLIER CARE ONE HOMECARE SERVICES LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 3409 N BRIARWOOD LANE MUNCIE, IN 47304			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{G 000}	<p>INITIAL COMMENTS</p> <p>This visit was a revisit for an extended home health agency federal recertification survey completed February 4, 2013.</p> <p>Survey dates: March 7, 2013</p> <p>Facility: #011285</p> <p>Medicaid Vendor: N/A</p> <p>Surveyor: Susan Sparks, RN, PH Nurse Surveyor</p> <p>Care One Homecare Services LLC is precluded from providing it's own home health aide training and competency evaluation program for a period of two years beginning February 8, 2013, to February 8, 2015, for being found out of compliance with the Conditions of Participation 42 CFR 484.18: Acceptance of Patients, Plan of Care, and Medical Supervision and 484.36: Home Health Aide Services on the February 4, 2013, survey.</p> <p>Two conditions and 15 standard level deficiencies were found corrected during this survey.</p> <p>Care One Homecare Services LLC is in compliance with the Conditions of Participation for home health agencies 42 CFR Part 484.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN March 8, 2013</p>			{G 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.